



State of Tennessee
Governor's Office of Diversity Business Enterprise
Certification Application

William R. Snodgrass - TN Tower 27th Floor

312 Rosa L. Parks Ave.

Nashville, Tennessee 37243

Office No. 615-253-4657 Fax No. 615-253-4813 <http://www.tennessee.gov/diversity>

It is important that you respond to all questions. You must include all attachments requested. Please Note: if required supporting documents are not included, the processing of the registration form will be delayed. Refer to Instructions BEFORE SUBMITTING.



1. FEDERAL IDENTIFICATION NUMBER:
Please enter either your Federal Employer Identification Number or Social Security Number.
Enter Only One

FEIN: _____

OR

SSN No: _____

SECTION I: GENERAL BUSINESS INFORMATION

2. LEGAL BUSINESS NAME:

3. ORGANIZATION ADDRESS: Please enter all information for the primary location of this business. Please **DO NOT** enter a P.O. Box for business location.

(Address) _____

_____ P.O. Box for mail delivery only: _____

(Suite or Office)

(City) _____ (State) _____ (Zip) _____ (Zip +4) _____ Is this a home based business? Y _____ N _____

Telephone Number () _____ - _____ X _____ Fax Number () _____ - _____ X _____

Email _____ Website _____

4. NAME OF CONTACT: Please enter all information for the individual who will be seeking certification with this office.

(Last Name, First Name & Middle Initial) _____ (Title) _____

Telephone Number: () _____ - _____ X _____ Mobile Number: () _____ - _____ Email: _____

Person(s) Authorized to sign Bids/Proposals (Type or print)

_____ (Name) _____ (Email address) _____ (Title)

5. LEGAL STRUCTURE OF THE ORGANIZATION: Please refer to registration instructions and submit documentation requested applicable to your business' Legal structure.

Sole proprietorship/Individual _____ Partnership _____ LLC _____ Corporation type _____ (S or C) Non-Profit _____

If Incorporated: State of incorporation _____ Date of incorporation _____

State authorization to transact business (Applies to out of state businesses doing business in the state of Tennessee ONLY) _____

SECTION II: BUSINESS ASSESSMENT / NEEDS ANALYSIS

6. GROSS ANNUAL RECEIPTS & NUMBER OF EMPLOYEES : Last Tax Year:

Please choose one: ☐ (a) \$0 - \$500,000 ☐ (b) \$500,001 - \$750,000 ☐ (c) 750,001 - \$1,000,000 ☐ (d) \$1,000,001 - \$2,000,000 ☐ (e) Over \$2,000,000

WORKFORCE: Number of full time employees: _____

7. ORGANIZATION HISTORY:

a. Date business established _____ If less than 2 years, please submit resume.
(MM/DD/YYYY)

b. Has there been a change in ownership within the last 2 years?

☐ Yes ☐ No

c. If yes, previous firm name and owner _____

d. Was organization acquired? ☐ Yes ☐ No

e. If Yes, date acquired _____

8. TYPE OF ORGANIZATION ACTIVITY: Select one only.

- | | |
|--|---|
| <input type="radio"/> Agriculture, Forestry or Fishing | <input type="radio"/> Medical/Healthcare |
| <input type="radio"/> Architectural/Design/Engineering | <input type="radio"/> Mining |
| <input type="radio"/> Construction Services | <input type="radio"/> Retail Trade |
| <input type="radio"/> Finance, Insurance & Real Estate | <input type="radio"/> Service Industry |
| <input type="radio"/> Information Systems/Technology | <input type="radio"/> Transportation, Commerce |
| <input type="radio"/> Manufacturing & Utilities | <input type="radio"/> Marketing/Communications/ |
| <input type="radio"/> Wholesale Trade | <input type="radio"/> Public Relations |

<p>9. PROFESSIONAL BUSINESS LICENSE: <i>Specify type of work: CPA, Attorney, Consultant, etc.</i></p> <p>City _____ State _____ Number _____</p> <p>Expiration Date _____ Limit: _____</p> <p>Type of Work _____</p> <p>_____</p> <p>_____</p>	<p>10. KEY PERSONNEL: <i>Provide names and titles of Key Personnel in your firm.</i></p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>
<p>11. INSURANCE COMPANY: <i>If applicable for your business, list the company name, address, telephone number and name of a contact person for your insurance carrier. Provide copy of current certificate.</i></p> <p>(Company Name) _____</p> <p>(Suite or Office) _____</p> <p>(Address) _____</p> <p>(City) _____ (State) _____ (Zip) _____ (Zip+4) _____</p> <p>Telephone Number (_____) _____ X _____</p> <p>Contact Name: _____</p> <p>(Last Name, First Name)</p>	<p>12. INSURANCE INFORMATION: <i>Please check the type of insurance carried by your business.</i></p> <p><input type="radio"/> General Liability <input type="radio"/> Automotive <input type="radio"/> Workman Comp <input type="radio"/> Professional Liability</p> <p>Other _____</p>
<p>13. BONDING COMPANY: <i>If applicable for your business, list the company name, address, telephone number and name of a contact person for your bonding company.</i></p> <p>(Company Name) _____</p> <p>(Suite or Office) _____</p> <p>(Address) _____</p> <p>(City) _____ (State) _____ (Zip) _____ (Zip+4) _____</p> <p>Telephone Number (_____) _____ X _____</p> <p>Contact Name _____</p> <p>(Last Name, First Name & Middle Initial)</p>	
<p>14. BONDING INFORMATION: <i>If applicable for your business, please enter your bonding limits per job, your total bonding amount, your bonding rate and your bid amount limit. Bonding Limits Per Job \$ _____ Total \$ _____ Bonding Rate \$ _____ Bid Amount Limit \$ _____</i></p>	
<p>15. DIVERSITY PROJECT INFORMATION:</p> <p><i>List the name of the major projects, dollar value and year that you participated as a diversity business (minority or woman-owned or small business enterprise).</i></p> <p>a. _____ \$ _____ Year _____</p> <p>b. _____ \$ _____ Year _____</p> <p>c. _____ \$ _____ Year _____</p>	
<p>16. CLIENT REFERENCES: <i>List the business names, address, telephone number and name of a contact person for three clients.</i></p> <p>a. _____ (Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4) _____</p> <p>_____ Telephone Number (_____) _____ - _____ X _____</p> <p>(Contact Name - Last Name, First Name & Middle Initial)</p> <p>b. _____ (Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4) _____</p> <p>_____ Telephone Number (_____) _____ - _____ X _____</p> <p>(Contact Name - Last Name, First Name & Middle Initial)</p> <p>c. _____ (Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4) _____</p> <p>_____ Telephone Number (_____) _____ - _____ X _____</p> <p>(Contact Name - Last Name, First Name & Middle Initial)</p>	
<p>17. Please enter any specific products, goods or services you desire to provide to the State of Tennessee.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

18. a. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?
☐ Yes ☐ No *if yes, provide the name, address and telephone number of the subsidiary, affiliate or parent.*
Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.
- b. Does the applicant's business concern or any person listed as owners, partners or officers of your company have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern?
☐ Yes ☐ No (Such agreements include, but are not limited to management and joint venture agreements.)
If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.
- c. Is the applicant's business concern involved in any present or pending lawsuit? ☐ Yes ☐ No
If yes, provide details on a separate sheet.
- d. Is the applicant's business concern involved in a bankruptcy or insolvency proceeding? ☐ Yes ☐ No
- e. Have you ever been rejected for certification by any agency or certification organization? ☐ Yes ☐ No
- f. What other current certification(s) does your company have? Please list: _____

19. Please **only mark only one box below for:** (Minority, Women, or Small Business Enterprise). Please refer to instructions. If more than one box is selected, your application will be returned to you.

☐ **Minority Business Enterprise**

Solely owned or at least 51% owned by a minority person or persons who control daily operations.

☐ **Women Business Enterprise**

Solely owned or at least 51% owned by a female person or persons who control daily operations.

☐ **Small Business Enterprise**

See Registration Instructions for definition.

☐ African American

☐ Asian American

☐ Hispanic American

☐ Native American

☐ Non-Minority

☐ African American

☐ Asian American

☐ Hispanic American

☐ Non-Minority

☐ African American

☐ Asian American

☐ Hispanic American

20. **OWNER/PARTNER/OFFICER INFORMATION:** **Must** complete the following section for all owners, partners and officers. Attach additional pages if needed.

Name & Title	Gender (M/F)	Minority (Race)	Citizen (Y/N)	Years Owned	% of Ownership	Voting %	No. of Shares	Cost of Shares	Type of Shares
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECTION III: REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY, WOMEN OWNED OR SMALL BUSINESS ENTERPRISES

Please refer to the application instructions for the complete Documentation Checklist of the required documents when claiming status as minority, woman owned or small business enterprise.

21. **MINORITY OR WOMAN WHO OWN AT LEAST 51% OF BUSINESS:** Please submit two of the following documents for identification for each owner as required to substantiate diversity status.

☐ U.S. Birth Certificate

☐ U.S. Passport

☐ Driver License

☐ Tribal Card w/Number

☐ Permanent Resident Alien Registration

22. DISCLOSURE: Are any employees of this firm current employee's of the state of Tennessee or former employees of the state of Tennessee (within the last six months)? No ☐ Yes ☐ *If so, please attach a list of these employees, to include name, social security number and position within your firm including ownership and interest.*

NOTE: All vendors must comply with TCA 12-4-103 "Bidding by State Employees Prohibited." It is hereby declared unlawful for any state official or employee to bid on, sell, or offer for sale, any merchandise, equipment or material, or similar commodity, to the State of Tennessee during tenure of such official's or employee's office or employment, or for six (6) months thereafter, or to have any interest in the selling of the same to the state.

23. AFFIRMATION: I (We) agree and acknowledge that all materials submitted and information, documentation provided for the purpose of certification will become the property of the state of Tennessee. The undersigned also affirms that he/she is a Tennessee resident and a legal U.S. Citizen of the United States or Permanent Resident Alien. I (we) also agree that all information given above is true, accurate, and not misleading to the best of my (our) knowledge and includes evidence to explain the operations of _____ to the best of my knowledge, and is in no way misleading. (Name of Business)

I (We) acknowledge that the certification, when granted will be effective for a two (2) year period. I (We) will be required to renew our diversity status with the Governor's Office of Diversity Business Enterprise by completion of the Affidavit of No Change and a copy of my (our) current year Tax Return for certification renewal. Should any data or information change from the time I (We) receive certification, I (We) will ensure that correct and updated information will immediately be sent in writing to the Governor's Office of Diversity Business Enterprise within (10) days of its occurrence.

I (We) further agree and understand that the completion and submission of this form, together with all documentation provided hereto, is not necessarily the sole criteria for determining certification as a diversity business by the Governor's Office of Diversity Business Enterprise.

I(We) acknowledge that if the Governor's Office of Diversity Business Enterprise discovers a false statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.

I (We) further agree that once certified, the continued certification and registration by the Governor's Office of Diversity Business Enterprise will be according to the guidelines, rules and regulations of the Governor's Office of Diversity Business Enterprise and may be amended from time to time.

Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the minority, woman or small business concern.
2. Discovery that any false information was knowingly provided to the Governor's Office of Diversity Business Enterprise.
3. Failure to provide timely notice or withholding of any notice to the Governor's Office of Diversity Business Enterprise.
4. Failure or refusal to the Governor's Office of Diversity Business Enterprise and/or its representatives to provide access to the company's place of business upon reasonable notice and demand for the purpose of on-site visit.
5. Sale, exchange, transfer of ownership of the minority, woman or small business concern, if such transfer results in the loss of control and Ownership of the business concern by the certified diversity member(s).
6. Failure to provide requested documentation as requested by Governor's Office of Diversity Business Enterprise.

I (We) understand and agree that the Governor's Office of Diversity Business Enterprise reserves the right to request any further and additional Information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. Failure to provide additional documentation and information within the requested time frame will be cause for denial of applicants request for certification.

(Type or Print Name of Principal Owner)

(Signature of Principal Owner)

(Date)

T.C.A. Section 4-21-904 Discrimination by funded programs prohibited. - It is a discriminatory practice for any state agency receiving federal funds making it subject to Title VI to the Civil Rights Act of 1964, or for any person receiving such federal funds from a state agency, to exclude a person from participation in, deny benefits to a person, or to subject a person to discrimination under any program or activity receiving such funds, on the basis of race, color, or national origin. The Department of General Services, state of Tennessee, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its program or activities and is in compliance with ADA (Americans with Disabilities Act of 1990) 42 U.S.C. 12101.